Approved for use through 7/31/2006, CMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number. U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application/or Docket Number Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATEO (3) CFR 1 190] [0] @ [C]] FEE () NA RATE (1) N/A SEARCH FEE NA FEE (8) 150.00 (37 CFR 1 10(4), (1), or (my) NA N/A 300.00 N/A EXAMINATION FEE NA \$250 (37 CFR 1 16(0), (p), or (q)) NIA 14A \$500 N/A TOTAL CLAIMS NA \$100 (37 OFR 1 16(1) NA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(h)) X\$50 OR minus 3 a X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 OFR 1 16(1)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()) +180= +360-* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN CLAIMS HIGHEST Ø SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI-EXTRA AMENDMENT RATE (\$) PAID FOR ADOIū TIONAL Total MICER LING Minus FEE (S) TIONAL FEE (S) X\$ 25 Independent (SICER LIGHT Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= OR +360= TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\boldsymbol{\omega}$ REMAINING NUMBER PRESENT AMENDMENT **AFTER** RATE (\$) PREVIOUSLY ADDI-AMENOMENT **EXTRA** RATE (\$) PAID FOR ADOI-Total profe (140) TIONAL FEE (5) TIONAL Minus FEE (1) Independent Of CFR 1.16(h)) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100. X200. ÓR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL • If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". TOTAL ADD'L FEE OΩ ADD'L FEE The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. is collection of information is required by 37 CFR 1.16. The information is required to obtain or rotain a bonefit by the public which is to file (and by the

PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. tuding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS